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CONFIRMATION NO. 6231

SERIAL NUMBER 10/723,429	FILING OR 371(c) DATE 11/26/2003 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 1039-0060
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/430,249 12/02/2002
 and claims benefit of 60/430,450 12/03/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/25/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 15	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

60533

TITLE

Medical data entry interface

FILING FEE RECEIVED 707	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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